

**Bridgewater Recreation Department
2006 Pre-School Mini Day Camp Registration Form**

\$60.00 Bridgewater Residents only. Check payable to "Bridgewater Township"

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Cell Phone #: () _____

Emergency Contact # other than #'s listed: () _____ Person at Emergency #: _____

Special Circle Gender: Male or Female

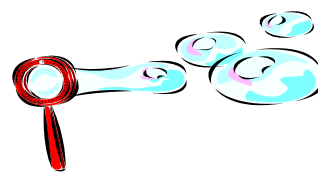
Considerations: _____ °Session Choice (One class per participant):
Current Date of Birth: ____/____/____ Age as of 7/10/06: _____
Age: _____ Mondays & Wednesdays 8:30am - 11:00am

Circle Anticipated year of Entrance into Kindergarten: 2006 2007
_____ Mondays & Wednesdays 12:00pm - 2:30pm
_____ Tuesdays & Thursdays 8:30am - 11:00am
_____ Tuesdays & Thursdays 12:00pm - 2:30pm

(note, child can only participate two years in this program)

Circle

T-Shirt Size: Youth Small Youth Medium Youth Large



NParent/Guardian Signature

_____/_____/_____
Date

Pre-School Mini Day Camp Participation Agreement: I approve this registration and certify that my child is capable of such an experience. I grant permission for my child to participate in all planned camp activities. In case of accident or illness, the Bridgewater Recreation Department and staff are authorized to secure emergency medical treatment for my child. I understand prudent attempts will be made to contact undersigned immediately. I understand that I will be responsible for payment of all medical bills. I understand that the Township of Bridgewater does not provide individual medical coverage for its participants. Each participant will be covered under his or her family's medical policy. It is recommended that families have insurance before the child participates.

The Bridgewater Recreation Department and Summer Counselors are not responsible for lost, stolen or damaged personal articles of the participants. I agree to hold harmless the Township of Bridgewater, Bridgewater Recreation Department and Summer Counselors, its volunteers, elected officials and employees from any and all claims for liability, losses and damages, irrespective of any negligent act or omission by the above named and or those individuals arising from or related in any way to this camp program.

I acknowledge and agree to abide by the Bridgewater Township Recreation Pre-School Mini Day Camps policies and procedures for the best interest and safety of my child and other Township participants. I also understand that by picking up my child after 11:15am or 2:45pm pending session, a late fee of \$10.00 will be charged and must be paid before my child is admitted back into the program.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road - Bridgewater, NJ 08807 (908) 725-6373 www.bridgewaternj.gov Monday to Friday 9am to 5pm

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Pre-School Mini Day Camp

Our popular day camp provides a large variety of educational and recreational activities!

For Bridgewater Residents Only - boys and girls ages 4 and 5 (must turn 4 no later than July 10, 2006) **Note:** if your child has a July, August or September birthday and misses the cut off date, but would be entering kindergarten in 2007, please call the Recreation Department. Proof of age is not required, but if your child is found not to be eligible for this class, your child will be expelled from the session and no refund will be issued.

Location Milltown School. **Session times** are Mondays & Wednesdays 8:30am to 11:00am, Mondays & Wednesdays 12:00pm to 2:30pm, Tuesdays & Thursdays 8:30am to 11:00am or Tuesdays & Thursdays 12:00pm to 2:30pm. One class per participant. **Monday & Wednesday** session dates; July 10, 12, 17, 19, 24, 26, 31 & August 2, 2006. **Tuesday & Thursday** session dates; July 11, 13, 18, 20, 25, 27, August 1 & 3, 2006.

Cost \$60.00 check payable to "Bridgewater Township". Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. **Registration forms will be available and registration will begin on Tuesday, February 28, 2006.**

Snack will be served (i.e. golf fish, water, apple juice...) no outside food permitted! Trip to "Boro Zone", specifics to be announced!

Three ways to register! In-person at the Bridgewater Recreation Office 9am to 5pm Monday – Friday, drop off in the "REC" mailbox located around back of the Municipal Building before or after working hours or via mail.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road - Bridgewater, NJ 08807 (908) 725-6373 from 9am to 5pm Monday to Friday www.bridgewaternj.gov.

Pre-School Mini Day Camp - 2006

Participant Information Sheet *(needs to accompany registration form and payment)*

To help us get a feel for some of your **child's favorite things**, please use the space provided to list three (3) activities that your child especially enjoys. Activities may include: indoor games, out door games, songs, books, arts & crafts...

Child's Favorite Things

Type of Activity

1. _____
2. _____
3. _____

To best organize our **drop off and pick up procedure**, please indicate in the space provided the names of the people you will be carpooling with to Pre-School Mini Day Camp so we can put you all in the same color group.

1. _____
2. _____
3. _____
4. _____



Does the participant have allergies?

☒ : ☐ Yes ☐ No

If yes,
to
what _____

Does the participant require an Epi-Pen?

☒ : ☐ Yes ☐ No

(If yes, more information from the Recreation Department will be forthcoming.)

In order to assure a **safe pick-up and drop-off** for you and your child, please list any and all people that are authorized to pick-up/drop-off your child at Pre-School Mini Day Camp. Parents names must be included as well. Please inform them to have proper identification available (i.e. drivers' licenses...).

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

In the space provided below, please list **any special considerations** you think we should know about your child. This can include but is not limited to; allergies, attachment issues, shyness, bathroom issues, family problems. Anything you think we should know about your child.

Child's
Name: _____

☒ **Session:**

- ☐ Monday/Wednesday 8:30-11:00am
- ☐ Monday/Wednesday 12:00-2:30pm
- ☐ Tuesday/Thursday 8:30-11:00am
- ☐ Tuesday/Thursday 12:00-2:30pm